

**COUNTY ALLEGATION OF
INTENTIONAL PROGRAM VIOLATION /
STATEMENT OF POSITION
(Request for an Administrative Disqualification Hearing)**

County: _____

PROPOSED PENALTY PERIOD

CalWORKs

☐ 6 Months ☐ 12 Months ☐ Two Years
☐ Four Years ☐ Permanent

☐ Active ☐ Closed

Food Stamps (FS)

☐ 6 Months ☐ 12 Months ☐ 24 Months
☐ Ten Years ☐ Permanent

☐ Active ☐ Closed

PERSON	MAILING ADDRESS
CASE NO.	
SSN	PHONE

JURISDICTION:

A. Status of Prosecution

- ☐ The case will not be referred to the DA for prosecution because of an agreement with the prosecutor such as monetary limit thresholds for resulting overpayments of overissuances;

☐ the case was referred to the DA but was rejected for prosecution;

☐ the case was referred to the DA or the court but the factual issues in that case are different in this case; or

☐ the case has not yet been referred to the DA for prosecution.

B. Address Determination

The county at the hearing will affirm that the address used by the State to send notice of this hearing was appropriate (e.g., as reflected in current county records, last known address with no reports of changed addresses, etc.)

IPV ALLEGATION:

- A. Describe the action(s) the person took and/or the occurrence(s) he/she failed to report which resulted in an Intentional Program Violation (IPV) as generally defined in regulation MPP Sections 20-300.1 and 20-351i.1.

- B. Describe why you believe the person's actions and/or failure to report the occurrence was intentional (on purpose).

- C. In CalWORKs/AFDC cases, also explain why the county believes the respondent committed the IPV (e.g., for the purpose of establishing or maintaining the family's eligibility for CalWORKs/AFDC or for increasing or preventing a reduction in the amount of the grant).

- D. Describe how and when the person was made aware of his/her responsibility to report the information which caused the IPV.

- E. Describe the exact period of time in which the action and/or occurrence took place and the amounts and period of any resulting AFDC/CalWORKs overpayment and food stamp overissuance.

CONCLUSION:

Cite applicable regulations which make this an IPV and those regulations establishing the appropriate penalty period for the case.

**COUNTY
EVIDENCE AND EXHIBITS**

EXHIBIT NO.	DESCRIPTION OF EVIDENCE	PAGE NO.

LIST OF COUNTY WITNESSES

I certify that the above information is true and correct and establishes the basis of an Intentional Program Violation.

Signature of Preparer

Title

Date

Name of Reviewer

Title

Date

IPV Hearing Contact Person

Phone

Mail to: California Department of Social Services
State Hearings Division
744 P Street, MS 19-37
Sacramento, CA 95814